

# Draft Homicide and Assault

6/26/2006

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**Definition:** All deaths due to injuries inflicted by another person with the intent to injure or kill by any means. Assault hospitalizations and homicides for years 1980 through 1998 include all records with external cause of injury code including E960-E969, E979. Homicides for 1999 through 2004 include those with an underlying cause of death code of X85-Y09 or Y87.1.

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## Washington State Goal Statement:

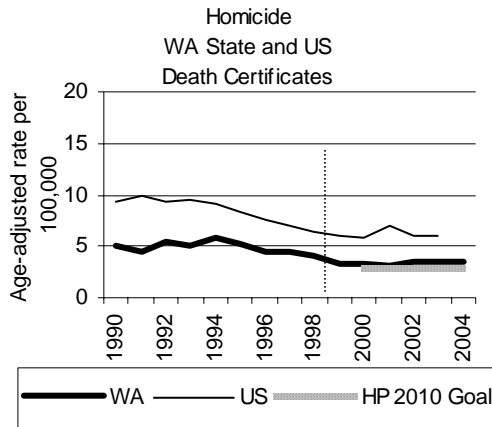
- Reduce homicides by 10% from 3.5 per 100,000 in 2004 (216 deaths) to no more than 3.2 per 100,000 by 2010.

## Healthy People 2010 Objectives:

- Reduce homicides from 6.5 per 100,000 in 1998 to no more than 3.0 homicides per 100,000 population by 2010.
- Reduce physical assaults from 31.1 in 1998 to no more than 13.6 per 1,000 by 2010 for persons aged 12 years or older.
- Reduce physical fighting among adolescents in Grades 9 through 12 in the past 12 months from 36% in 1999 to 32% by 2010. *In Washington in 2004, 36% of 8<sup>th</sup> graders, 28% of 10<sup>th</sup> graders, and 21% of 12<sup>th</sup> graders had been in a physical fight in the past 12 months.*
- Reduce weapon carrying on school property during the past 30 days among adolescents in Grades 9 through 12 from 6.9% in 1999 to 4.9% by 2010. *In Washington in 2004, 6% of 8<sup>th</sup> graders, 7% of 10<sup>th</sup> graders, and 8% of 12<sup>th</sup> graders had carried a weapon on school property in the past 30 days.*

## Statement of the Problem:

Violence is a major public health problem in the United States (U.S.). In a study of 26 high-income countries, the U.S. was found to have the highest rates of homicide and the highest number of privately owned guns. While violence affects all ages, it is a particularly important issue among today's youth. Homicide rates for children (under age 15 years) have been found to be five times higher than the rates for children in 25 other industrialized countries, with a firearm-related homicide rate 16 times higher. However, homicide rates in Washington and nationally have declined over the past 10 years.

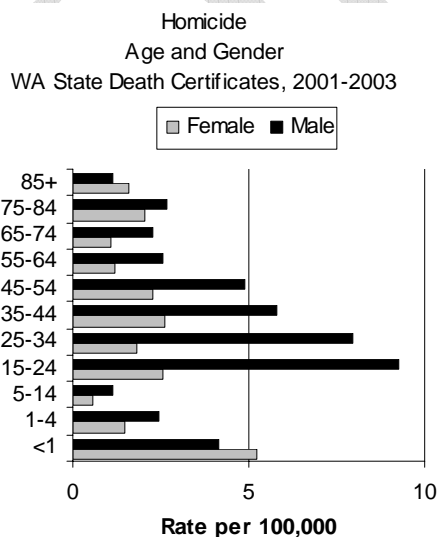


### High Risk Populations

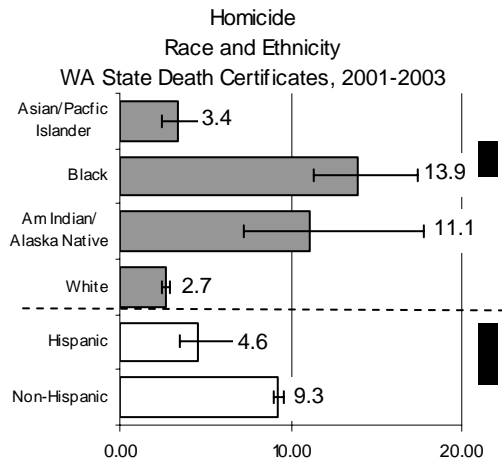
The risk for death by homicide is highest for males 15 – 24 years of age. According to the CDC, of the 5,570 homicides reported in 2003 among 10 to 24 year olds, 86% were males and 14% were females (CDC 2005). Also, male students are more likely to be involved in a physical fight than female students (41% vs. 25%; CDC 2004). Approximately 8 out of 10 homicide victims aged 10 – 25 are killed with firearms (CDC 2005).

Homicide takes its greatest toll among:

- young people (15 – 24 years of age); and
- males;
- racial/ethnic minorities. At greatest risk are African American males 15 – 24 years of age.



According to the CDC, among 10 to 24 year olds, homicide is the leading cause of death for African Americans, the second leading cause of death for Hispanics, and the third leading cause of death for American Indians, Alaska Natives, and Asian/Pacific Islanders (CDC 2006). In Washington from 2001-2003, homicide death rates are highest for African Americans, American Indians, and Alaska Natives.



Most homicides are committed by someone known to the victim.<sup>1</sup> In the majority of cases, the perpetrator is a family member, friend, or acquaintance. Based on homicide arrest statistics, homicide perpetrators as a group are similar to homicide victims with respect to age, gender, and race/ethnicity. However, distinct differences are evident in homicides between intimate partners. (See chapter on Violence Against Women).

If violence is to be prevented, it needs to be addressed through a variety of prevention efforts involving individual, relational, community, and societal variables. Quality data on violence and violence-related deaths are necessary for effective program planning. Currently, there are major gaps in the knowledge on this topic. Ongoing surveillance and thorough data analysis will help address these existing gaps. For instance, the ability to link victim and perpetrator data will present a better, more complete picture of the incident. Understanding exactly what types of weapons are utilized and how they were accessed will aid in targeting prevention efforts.

### **Recommended Strategies from the Injury Community Planning Group:**

***1. Implement and support community coalitions to help promote an understanding of the violence problem, to prioritize strategies, and to mobilize community resources.***

#### **Activities may include:**

- Identifying gaps and priority areas (e.g., specific populations or locations) and align resources to serve major priority areas.

- Developing and implementing media campaigns to educate the public that interpersonal violence is a problem that can be addressed and not an inalterable fact of life.
- Establishing coordinated data systems to track associated risk factors and indicators to enable effective decision-making across organizations.

## ***2. Increase surveillance about violence.***

Washington State should consider submitting a grant application to become a state that participates in CDC's National Violent Death Reporting System (NVDRS). NVDRS is a nationwide, state-based monitoring system for violent deaths to illustrate a more comprehensive picture of violent incidents. The linked data provides law enforcement officials and death investigators a clearer picture of violent activity in their jurisdictions and will aid program operators to design and implement potentially successful prevention plans. There are currently 17 states that report to this system and CDC's goal is to have all states report to this system.

## ***3. Implement proven, community-based violence prevention programs in schools, in the home, and in the community.***

When teaching and implementing prevention programs and strategies, it is often best to start with younger populations. In many cases, children and adolescents are more impressionable and adaptable to new messages and to forming new habits. In addition, children are generally more vulnerable to the problem at hand.

### **A. Support families in promoting positive child and youth development.**

- Expand parenting education classes to include violence prevention.
- Integrate parenting skills and child development classes into pre- and post-natal healthcare and other settings for parents.
- Provide appropriate services for families in which violence is identified as a potential risk or problem.

### **B. Teach violence prevention skills to youth, families, and educators:**

- Skills to foster social-emotional development, bullying-free environments, and violence-free relationships
- Conflict resolution
- Understanding racial relations and diversity
- How to manage hostility and aggression with nonviolent means.

**C. Establish and support mentoring programs that link young people at risk of violence to their communities.**

***4. Improve identification, referral, and treatment of victims of violent behavior or people at high risk of violent behavior by the health care system.***

***5. Foster safe and vibrant neighborhoods.***

*See the Firearms Chapter for prevention strategies related to preventing firearm-related injuries.*

**Resources:**

**Washington State**

1. Department of Health, Health of Washington State website: [www.doh.wa.gov/HWS](http://www.doh.wa.gov/HWS).
2. Washington State Healthy Youth Survey, 2004. <http://www3.doh.wa.gov/HYS/>
3. Harborview Injury Research and Prevention Center Website: <http://depts.washington.edu/hiprc/>.

**National Resources**

1. The Society for Advancement of Violence and Injury Research, SAVIR (formerly the National Association of Injury Control Research Centers, NAICRC) Website: <http://www.naicrc.org/>.
2. National Youth Violence Prevention Resource Center Website: <http://www.safeyouth.org/scripts/index.asp>.
3. Preventing Violence Through Education, Networking, and Technical Assistance Website: <http://www.prevent.unc.edu/>.
4. Centers for Disease Control National Center for Injury Prevention and Control Website: <http://www.cdc.gov/ncipc/factsheets/yvfacts.htm>.
5. *Injury Free Oklahoma: Strategic Plan for Injury and Violence Prevention, February, 2004.* Website: [www.health.state.ok.us/program/injury/index.html](http://www.health.state.ok.us/program/injury/index.html).
6. Partnership Against Violence Network (PAVNET) Website: [www.pavnet.org/](http://www.pavnet.org/).
7. The Prevention Institute Website: [www.preventioninstitute.org/home.html](http://www.preventioninstitute.org/home.html).

## **Endnotes**

<sup>1</sup> The Crime Drop in America. Blumstein A and Wallman J, editors. Cambridge (MA). Cambridge University Press. 2000.

# Reducing Homicides and Assaults in Washington State

*Because we have these resources...*

*...we are able to implement these strategies/activities*

*...and create these resources...*

*...so that we achieve these outcomes for our citizens.*

